

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

OCT 23 2007

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Beall

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Daryl Beall

Political Party (if applicable)

Democrat

Office Sought
Senate

District (if Senate or House)
25

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1361

Logged In

Scanned

Computer

Audited

WRS

3-11-07

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Daryl Beall

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

10/23/07

DATE SIGNED

I AM FILING A July 19, 2006

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED July 19, 2006 and
amended 10-20-06

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

31,349.47

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

6,524.99

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

37,874.46

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,994.75

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

35,879.71

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

0.00

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

10.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Beall

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
06.13.2006	ID# CK#	Shannon Minshall 403 W Jackson Lake City IA 51449		\$25.00	<input checked="" type="checkbox"/>
06.13.2006	ID# CK#	Susan Julifs 610 S Ontario St Pomeroy IA 50575		50.00	<input checked="" type="checkbox"/>
06.13.2006	ID# 6067 CK# 3442	Iowa Health Pac 6750 Westown Pkwy W Des Moines IA 50266		150.00	<input checked="" type="checkbox"/>
06.13.2006	ID# CK#	Jack Vetter 12614 Sky Park Drive Omaha NE 68137		100.00	<input checked="" type="checkbox"/>
06.13.2006	ID# CK#	Clayton Charlstrom 214 I St Ft Dodge IA 50501		10.00	<input type="checkbox"/>
06.13.2006	ID# CK#	Sandra Wills 3101 17th Avenue No Ft Dodge IA 50501		20.00	<input type="checkbox"/>
06.13.2006	ID# CK#	Shane DeHaan 1173 Colonial Dr Ft Dodge IA 50501		20.00	<input type="checkbox"/>
06.13.2006	ID# CK#	Sharon Jones 403 1st St Moorland IA 50566		25.00	<input type="checkbox"/>
06.13.2006	ID# CK#	Frances Trembly 100 Hilltop Rd Apt A1 Ft Dodge IA 50501		25.00	<input type="checkbox"/>
06.13.2006	ID# CK#	Dy Ann Fiala 603 Margaret Ave Callender IA 50523		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 450.00

TOTAL (If last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 7
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)

People for Beall

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
06.13.2006	ID# CK#	Tien-Min Chou 1710 N 14th St Ft Dodge IA 50501		\$25	<input type="checkbox"/>
06.13.2006	ID# CK#	Kay Forsythe 1933 N Twin Lakes Rd Manson IA 50563		50	<input checked="" type="checkbox"/>
06.13.2006	ID# CK#	Georganne Woodruff 2183 Twin Lakes Rd Rockwell City IA 50579		200	<input checked="" type="checkbox"/>
06.13.2006	ID# CK#	Phyllis Menke 1875 N Twin Lakes Rd Manson IA 50563		25	<input checked="" type="checkbox"/>
06.18.2006	ID# CK#	Bruce Schwering 532 Hickory Pl Nevada IA 50201	Cousin	100	<input type="checkbox"/>
06.18.2006	ID# CK#	Veron Patterson Jr POB 426 Ft Dodge IA 50501		99.99	<input type="checkbox"/>
06.18.2006	ID# 8251 CK# 1628	Prinpac 711 High St Des Moines IA 50392		250	<input type="checkbox"/>
06.18.2006	ID# CK#	Elizabeth Vanderwilt 505 N Wilson Ave Jefferson IA 50129		50	<input checked="" type="checkbox"/>
06.18.2006	ID# CK#	Amy Becker 708 Main Scranton IA 51462		50	<input type="checkbox"/>
06.18.206	ID# CK#	Tom Chrystal 705 W Sunset Rd Jefferson IA 50129		250	<input checked="" type="checkbox"/>

SUB-TOTAL

\$1099.99

TOTAL (if last page of this schedule)

\$

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Page 2 of 7
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Beall

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
06.18.2006	ID# CK#	Peg Naylor 712 S Chestnut Jefferson IA 50129		\$100	<input checked="" type="checkbox"/>
06.18.2006	ID# CK#	Michael Haluska 1303 Westwood Dr Jefferson IA 50129		50	<input checked="" type="checkbox"/>
06.18.2006	ID# CK#	Tim Buenz 707 S Oak Jefferson IA 50129		25	<input checked="" type="checkbox"/>
06.18.2006	ID# CK#	FJ Fillman Paton IA 50217		25	<input checked="" type="checkbox"/>
06.25.2006	ID# 6086 CK# 13493	ISEA Pac 777 3rd St Des Moines IA 50309		100	<input type="checkbox"/>
06.25.2006	ID# 6486 CK# 1544	Iowa Telecom Pac 115 S 2nd Ave W Newton IA 50206		200	<input checked="" type="checkbox"/>
06.25.2006	ID# CK#	David Kling 420 Kcnyon Rd 239 Ft Dodge IA 50501	OCT 23 2007	10	<input type="checkbox"/>
07.05.2006	ID# CK#	Duane Olson 2087 NE Twin Lakes Dr Rockwell City IA 50579		100	<input type="checkbox"/>
07.05.2006	ID# CK#	Delores Garst 1402 12th Ave No Ft Dodge IA 50501		50	<input type="checkbox"/>
07.05.2006	ID# CK#	John Riebhoff 405 SW Elm Apt 404 Ankeny IA 50021		50	<input type="checkbox"/>

SUB-TOTAL

\$ 710.00

TOTAL (if last page of this schedule)

\$

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Page 3 of 7
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND RAISER INCOME
07.12.2006	ID# CK#	Frank Affanato 1128 22nd St Des Moines IA 50311		\$50	<input type="checkbox"/>
07.12.2006	ID# CK#	Berkley Bedell RR Box 9502 Spirit Lake IA 51360		250	<input type="checkbox"/>
07.12.2006	ID# 6096 CK# 1940	Manufactured Housing Pac 1400 Dean Ave Des Moines IA 50316		250	<input type="checkbox"/>
07.12.2006	ID# 6237 CK# 1832	ABATEPAC 3118 Eastern Ave NE Cedar Rapids IA 52402		250	<input type="checkbox"/>
07.12.2006	ID# 6449 CK# 1150	Iowa Laborers Pac 5806 Meredith Dr Des Moines IA 50322		200	<input type="checkbox"/>
07.12.2006	ID# 6356 CK# 1394	Freedom Fund Pac 851 19th St Des Moines IA 50314		500	<input type="checkbox"/>
07.12.2006	ID# CK#	Donna Larson 1214 Southfield Dr Jefferson IA 50129	OCT 23 2007	25	<input type="checkbox"/>
07.12.2006	ID# CK#	Andrea McGuire 100 37th St Des Moines IA 50312		400	<input type="checkbox"/>
07.14.2006	ID# CK#	Alice Yepsen 506 W Madison Jefferson IA 50129		20	<input type="checkbox"/>
07.14.2006	ID# 6334 CK# 1223	Plumbers and Steamfitters 2501 Bell Ave Des Moines IA 50321		500	<input type="checkbox"/>
SUB-TOTAL				\$2465.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
05.31.06	ID# CK#	Robert Paxton 1402 Knollcrest Dr Fort Dodge IA 50501		\$250	<input type="checkbox"/>
05.31.06	ID# CK#	Amy Alarcon 305 N Locust Jefferson IA 50239		50	<input type="checkbox"/>
05.31.06	ID# CK#	Blanche McMahon 1993 N Twin Lakes Rd Manson IA 50563		25	<input type="checkbox"/>
05.31.06	ID# 6084 CK# 773	IA State UAW-PAC Committee 680 Barclay Blvd Lincolnshire IL 60069		500	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 825	
TOTAL (If last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Beall

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6/5/06	ID# 6067 CK# 3452	Iowa Health Pac		\$150	<input type="checkbox"/>
7/17/06	ID# CK# 1118	Susan Roberts 8830 NW 35th Street Ankeny, IA 50021		40	<input type="checkbox"/>
7/17/06	ID# CK# 2332	David & Judith Hoffman 3820 Quebec Street Ames, IA 50014		30	<input type="checkbox"/>
6/15/06	ID# CK# 1335	Dr. John Hartung 1011 Scott Felton Road Indianola, IA 50125		100	<input type="checkbox"/>
6/15/06	ID# 6070 CK# 3254	Iowa Law Pac 521 E Locust St - 3rd floor Des Moines, IA 50309		200	<input type="checkbox"/>
6/15/06	ID# 6118 CK# 2289	Iowa Optometric Pac 1454 30th Street - Suite 204 West Des Moines, IA 50266		250	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#	007 2 3 2007			<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 770	
TOTAL (if last page of this schedule)				\$ 6,524.99	

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Page 7 of 7
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Beall

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/20/06	ID# 1361 CK#2271	Carter Printing 1739 East Grand Ave Des Moines, IA 50316	Letterhead, envelopes	\$ 319.06
6/13/06	ID# 1361 CK#2175	Carter Printing 1739 East Grand Ave Des Moines, IA 50315	Lapel stickers	364.11
7/03/06	ID# 1361 CK# 2274	Carter Printing 1739 East Grand Ave Des Moines, IA 50315	Invitations, envelopes	106.00
6/08/06	ID# 1361 CK#2173	Decker Sporting Goods 3012 5th Ave So Fort Dodge, IA 50501	T-shirts	604.76
6/08/06	ID# 1361 CK#2174	US Postmaster	postage	39.00
6/25/06	ID# 1361 CK#2272	Visa - Postmaster	Postage	188.40
6/25/06	ID# 1361 CK#2273	Kris Fields c/o Democratic Headquarters Fort Dodge, IA 50501	Postage OCT 23 2007	40.95
6/29/06	ID# 1361 CK# 2060	Kris Fields c/o Democratic Headquarters Fort Dodge, IA 50501	Postage	72.15
SUB-TOTAL				\$ 1734.43
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

**MONETARY
EXPENDITURES**



CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Beall

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# CK#	Click n Pledge charges	internet contributions	\$ 4.32
6/2/06	ID# CK#	returned check charge	bad check	6.00
7/1/06	ID# CK#	returned checks from Tom Dawson 3001 Branch Ave #338 Temple Hills, MD	bad checks	250.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 260.32
TOTAL (if last page of this schedule)				\$ 1,994.75

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Bcall

Reset Form

**SCHEDULE
E**
(Rev. 06/97)

IN-KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM[illegible]

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

IMPORTANT: Indicate by # type of committee you are reporting for: 1(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Daryl Beall

Political Party (if applicable)

Democratic

Office Sought

Senate

District (if Senate or House)

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Linda VanBank

SIGNATURE OF PERSON FILING REPORT

515.576.2508

TELEPHONE

10.15.06

DATE SIGNED

I AM FILING A 07.19.06

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1☒ CHECK IF AMENDMENT TO REPORT DATED

7-17-06

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Self amended report

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 31,664.47

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

4,679.99

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 36,344.46

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,738.75

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$ 34,605.71

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 10.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Beall

IMPORTANT: Indicate by # type of committee you are reporting for: 1(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Daryl Beall

Office Sought

Senate

Political Party (if applicable)

Democratic

District (if Senate or House)

25

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A 07.19.2006

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

29,308.62

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

4,679.99

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 33,988.61

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,738.75

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must
be zero) (Attach DR-3)

32,249.86

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

10.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Bcall

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
06.13.2006	ID# CK#	Shannon Minshall 403 W Jackson Lake City IA 51449		\$25.00	<input checked="" type="checkbox"/>
06.13.2006	ID# CK#	Susan Julifs 610 S Ontario St Pomeroy IA 50575		50.00	<input checked="" type="checkbox"/>
06.13.2006	ID# 6067 CK# 3442	Iowa Health Pac 6750 Westown Pkwy W Des Moines IA 50266		150.00	<input checked="" type="checkbox"/>
06.13.2006	ID# CK#	Jack Vetter 12614 Sky Park Drive Omaha NE 68137		100.00	<input checked="" type="checkbox"/>
06.13.2006	ID# CK#	Clayton Charlstrom 214 I St Ft Dodge IA 50501		10.00	<input type="checkbox"/>
06.13.2006	ID# CK#	Sandra Wills 3101 17th Avenue No Ft Dodge IA 50501		20.00	<input type="checkbox"/>
06.13.2006	ID# CK#	Shane DeHaan 1173 Colonial Dr Ft Dodge IA 50501		20.00	<input type="checkbox"/>
06.13.2006	ID# CK#	Sharon Jones 403 1st St Moorland IA 50566		25.00	<input type="checkbox"/>
06.13.2006	ID# CK#	Frances Trembly 100 Hilltop Rd Apt A1 Ft Dodge IA 50501		25.00	<input type="checkbox"/>
06.13.2006	ID# CK#	Dy Ann Fiala 603 Margaret Ave Callender IA 50523		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 450.00

TOTAL (if last page of this schedule)

\$ 4679.91

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Beall

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
06.13.2006	ID# CK#	Tien-Min Chou 1710 N 14th St Ft Dodge IA 50501		\$25	<input type="checkbox"/>
06.13.2006	ID# CK#	Kay Forsythe 1933 N Twin Lakes Rd Manson IA 50563		50	<input checked="" type="checkbox"/>
06.13.2006	ID# CK#	Georganne Woodruff 2183 Twin Lakes Rd Rockwell City IA 50579		200	<input checked="" type="checkbox"/>
06.13.2006	ID# CK#	Phyllis Menke 1875 N Twin Lakes Rd Manson IA 50563		25	<input checked="" type="checkbox"/>
06.18.2006	ID# CK#	Bruce Schwering 532 Hickory Pl Nevada IA 50201	Cousin	100	<input type="checkbox"/>
06.18.2006	ID# CK#	Veron Patterson Jr POB 426 Ft Dodge IA 50501		99.99	<input type="checkbox"/>
06.18.2006	ID# 8251 CK# 1628	Prinpac 711 High St Des Moines IA 50392		250	<input type="checkbox"/>
06.18.2006	ID# CK#	Elizabeth Vanderwilt 505 N Wilson Ave Jefferson IA 50129		50	<input checked="" type="checkbox"/>
06.18.2006	ID# CK#	Amy Becker 708 Main Scranton IA 51462		50	<input type="checkbox"/>
06.18.2006	ID# CK#	Tom Chrystal 705 W Sunset Rd Jefferson IA 50129		250	<input checked="" type="checkbox"/>

SUB-TOTAL

\$1099.99

TOTAL (if last page of this schedule)

\$

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Page 2 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Beall

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
06.18.2006	ID# CK#	Peg Naylor 712 S Chestnut Jefferson IA 50129		\$100	<input checked="" type="checkbox"/>
06.18.2006	ID# CK#	Michael Haluska 1303 Westwood Dr Jefferson IA 50129		50	<input checked="" type="checkbox"/>
06.18.2006	ID# CK#	Tim Buenz 707 S Oak Jefferson IA 50129		25	<input checked="" type="checkbox"/>
06.18.2006	ID# CK#	FJ Fillman Paton IA 50217		25	<input checked="" type="checkbox"/>
06.25.2006	ID# 6086 CK# 13493	ISEA Pac 777 3rd St Des Moines IA 50309		100	<input type="checkbox"/>
06.25.2006	ID# 6486 CK# 1544	Iowa Telecom Pac 115 S 2nd Ave W Newton IA 50206		200	<input checked="" type="checkbox"/>
06.25.2006	ID# CK#	David Kling 420 Kenyon Rd 239 Ft Dodge IA 50501		10	<input type="checkbox"/>
07.05.2006	ID# CK#	Duane Olson 2087 NE Twin Lakes Dr Rockwell City IA 50579		100	<input type="checkbox"/>
07.05.2006	ID# CK#	Delores Garst 1402 12th Ave No Ft Dodge IA 50501		50	<input type="checkbox"/>
07.05.2006	ID# CK#	John Riebhoff 405 SW Elm Apt 404 Ankeny IA 50021		50	<input type="checkbox"/>

SUB-TOTAL

\$ 710.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07.12.2006	ID# CK#	Frank Affanato 1128 22nd St Des Moines IA 50311		\$50	<input type="checkbox"/>
07.12.2006	ID# CK#	Berkley Bedell RR Box 9502 Spirit Lake IA 51360		250	<input type="checkbox"/>
✓ 07.12.2006	ID# 6096 CK# 1940	Manufactured Housing Pac 1400 Dean Ave Des Moines IA 50316		250	<input type="checkbox"/>
✓ 07.12.2006	ID# 6237 CK# 1832	ABATEPAC 3118 Eastern Ave NE Cedar Rapids IA 52402		250	<input type="checkbox"/>
✓ 07.12.2006	ID# 6449 CK# 1150	Iowa Laborers Pac 5806 Meredith Dr Des Moines IA 50322		200	<input type="checkbox"/>
✓ 07.12.2006	ID# 6356 CK# 1394	Freedom Fund Pac 851 19th St Des Moines IA 50314		500	<input type="checkbox"/>
07.12.2006	ID# CK#	Donna Larson 1214 Southfield Dr Jefferson IA 50129		25	<input type="checkbox"/>
07.12.2006	ID# CK#	Andrea McGuire 100 37th St Des Moines IA 50312		400	<input type="checkbox"/>
07.14.2006	ID# CK#	Alice Yepsen 506 W Madison Jefferson IA 50129		20	<input type="checkbox"/>
✓ 07.14.2006	ID# 6334 CK# 1223	Plumbers and Steamfitters 2501 Bell Ave Des Moines IA 50321		500	<input type="checkbox"/>

SUB-TOTAL

\$ 2445.00

TOTAL (if last page of this schedule)

\$

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Page 4 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
07.14.2006	ID# CK#	Terry Johnson 402 Sundown Ct Jefferson IA 50129		\$100	<input type="checkbox"/>
07.14.2006	ID# CK#	Virginia Destival 509 S Locust Jefferson IA 50129		50	<input type="checkbox"/>
07.01.06	ID# CK#	CHRISTOPHER ANDERSON 8235 TIMBER RING CONWAY SC 29526		25	<input type="checkbox"/>
07.01.06	ID# CK#	OLIVER GOTTLIED 1301 T ST NW #3 WASHINGTON DC 20009		50	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$225⁰⁰

TOTAL (if last page of this schedule)

\$

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Page 5 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
07.01.06	ID# CK#	TOM DAWSON RET'D CLS 150.00 + 100.00		\$ (250.00)	
	ID# CK#	3001 BRANCH AVE #338 TEMPLE HILLS, MD 20748			
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ (250.00)

TOTAL (if last page of this schedule)

\$ 4679.99

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 6 of 6
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Beall

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06.20.06	ID# 1361 CK# 2271 *	Carter Printing 1739 East Grand Ave Des Moines IA 50316	Letterhead, Envelopes	\$ 319.06
06.13.06	ID# 1361 CK# 2175	Carter Printing 1739 East Grand Ave Des Moines IA 50316	Lapel Stickers	364.11
07.03.06	ID# 1361 CK#	Carter Printing 1739 East Grand Ave Des Moines IA 50316	Invitations, Envelopes	106.00
06.08.06	ID# 1361 CK# 2174 ←	Decker Sporting Goods 3012 5th Avenue So Fort Dodge IA 50501	T shirts	604.76
06.08.06	ID# 1361 CK# 2174 ←	US Postmaster	Postage	39.00
06.25.06	ID# 1361 CK# 2272	Visa	Postage	188.40
06.25.06	ID# 1361 CK# 2273	Kris Fields c/o Democratic Hdqtrs Fort Dodge IA 50501	Postage	40.95
06.29.06	ID# 1361 CK# 2060	Kris Fields c/o Democratic Hdqtrs Fort Dodge IA 50501	Postage	72.15
SUB-TOTAL				\$ 1734.43
TOTAL (if last page of this schedule)				\$ 1738.75

* CK # shown on 5-19 report

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

Page 1 of 1
(for Schedule E)